NATIONAL Assessment Cent	tre Services	teat to better		15		
Date In: 09/05/19	Job description		Date & Time Comple	eted	Done	by
Res No NA/INC19008187/13	SAS e-filing		1	11		
VeliNo SJMJ791A	E-mail (within	Shrs. AIC 2hrs)				
DOA 08/05/19 230	im Form	m7/1044331	- 00	1		
		O (Within: OD 2hr.				
OD (TP) Pepoiting Only	paded		-	******	7-1	
TP Insurer:	Assessment/S	urvey Report				
THIS WELL	Ass't Report l	oy <u>Fax / Hand</u> t	o Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh No:	S14679M	, INC ()/Non-INC ()	2000	
Owner / Driver: (Tel)	
Policy No: () P	eriod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
			0%; P: 21-79%. F:	80-100%	6]	
Year of Registration: () Excess: (\$) Loading: \$1.	Warranty: YES ()/NO()	-		
	,000 () / \$2,000)()				
General Remarks:-	38-35-57-57-57			1.00		
() Walk-In Customer: Customer's int		onfidential & St	rictly NO refer of repa	irer.		
	rer URGENTLY.					
Drive-In ()/ Towed-In (); Invoid	ce: YES() / I	NO();T	owing Co. ()
Apply for Transport Allowance ()/	Courtesy Car ()				
	()				
2) QC Check / Post Repair Inspection	()				
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5 Injury: Date/Time Actions Actions aimant's Particulars:-	(\$3000] (1) AR : Accident 2) DA : Damage	Reporting (\$30); Assessment (\$100); I	NC (\$80) \$40/\$45	lst Bill	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
 This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

	ACCIDENT STATEMENT
Date Of Report	09/05/2019 13:06
Date Of Accident	08/05/2019 23:00
Exact Location Of Accident	PUNGGOL EAST SLIP RD TWDS PUNGGOL CENTRAL
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM2791A
Insured/Policyholder	
Name Of Registered Owner	SHAHROM BIN MOHD MOKHTER
NRIC No	S1671455J
Email Address	HANIMBTEHASSAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90217713
Alternative Phone No	OTHERS-91690012
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5069307432-04
Cover Note Number	
Driver	
Name of Driver	SHAHROM BIN MOHD MOKHTER
NRIC No	S1671455J
Date Of Birth	17/01/1964
Occupation	INDOOR
Date Of Driving Pass	07/08/1987
Driving Experience	31 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90217713
Fax Number	
Contact Number	OTHERS-91690012
EMail Address	HANIMBTEHASSAN@GMAIL.COM

BLK 191A RIVERVALE DRIVE Address

#02-922 541191

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

YES

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

Passenger 1

NAME:

: HANIM

GENDER:

: FEMALE

Passenger 2

NAME:

: FARDHANSHAH

GENDER:

: MALE

Passenger 3

NAME:

: JENNY

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

EUNOS NPP

Police Station Address

ROAD: 629 BEDOK RESERVOIR ROAD #01-1620, POSTCODE: 470629,

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20190509/2068

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

FRONT ONLY

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLG679M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LEE HWEE PING(LI HUIBIN)

NRIC/Passport Number

S7630430J

Contact Number

97935754

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

SHAHROM BIN MOHD MOKHTER

Approximate Age

Injuries Sustain

BACK, NECK & KNEE

Injured person in which vehicle?

SJM2791A

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name

HANIM

Approximate Age

Injuries Sustain

BACK & NECK

Injured person in which vehicle?

SJM2791A

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance? Address

Postcode

DETAILS OF INJURED PERSON 3

Name

FARDHANSHAH

Approximate Age

Injuries Sustain

BACK & NECK

Injured person in which vehicle?

SJM2791A

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address Postcode

DETAILS OF INJURED PERSON 4

Name

JENNY

Approximate Age

Injuries Sustain

BACK & NECK

Injured person in which vehicle?

SJM2791A

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

09/05/19

Name:

NRIC/FIN No .:

PUNGGOL
CENTRAL

A-SIM2791A

B-S14679M

ST-OCE955

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pla	rol	1	41	00/110	1000.7	1. 7/2010	C++ (0
1/3	700	00	114	Je cou	ROM	1/20176	509/2068
				20.			

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





1 of 3

Report No. T/20190509/2068

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629 Tel No: 1800-4439999

REPORT OF A TRAFFIC ACCIDENT		
Date/Time Report Made:	Vide Report No.:	Station Diary No.:

00,00,00	10 12:00				
Informa	nt's Particu	ilars	CONTRACTOR TO SERVICE	DE CONTRACTO	7771 B 267 A VOLD
Name of Informant: SHAHROM BIN MOHD MOKHTER			Address: APT BLK 191A RIVERVALE I 541191	ORIVE #02-922	SINGAPORE
ID Type / ID No.: NRIC NO / S1671455J			Contact No.: Home/Office:	7713	
	Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 55	Date of Birth: 17/01/1964	Type of Informant: Driver		
Race: Malay			Language: English	Institution / S	chool Name:
Occupation: WAREHOUSE SUPERVISOR		PERVISOR	Driving Licence Information: Class: 2B,3	Date of Expir	y:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/05/2019 23:00		Type of Location X-Junction
Location: Along Road 1 PUNGGOL 0 PUNGGOL E zebra crossin	ENTRAL AST			1=	
Weather: Clear		Road Surface: Dry			Speed Limit: m/h
Traffic Flow: Traffi		Traffic Control: Pedestrian Crossi	ng	Traff Light	c Volume:
	sion:			A	ne conveyed by

Details of Vehicle Involved						THE STATE OF THE PARTY OF THE P
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJM2791A	Car	HONDA	STREAM 1.8L A	Grey	Seriously Damaged	7%
SLG679M	Car				Slightly Damaged	0

Details of V	ehicle Insurance	CHECKTHET THE DESCRIPTION	ne de la light de la light	a commence of the same
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJM2791A	NTUC Income Insurance Co-Operative Limited	5069307432-04	24/01/2019	23/01/2020





2 of 3

Report No. T/20190509/2068

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

CONTINUATION OF REPORT

Brief Details.

On 08/05/2019 at about 11:00pm, I was on my way back home and was along Punggol Central wanting to turn into Punggol East. At the junction after the pedestrian crossing, I slowed down and came to a stop at the stop line looking for on coming traffic. Even though it was low traffic I slowly inched out for safety reasons. Suddenly one car collided onto my car from the rear. I was in a state of shock and thus after 5 minutes got off my car to make a check if anyone was injured. At that point of time no one was injured. The lady driver who collided onto me informed me that she assumed I had already moved. The driver did not keep a safety distance and thus was not able to stop on time when she realize that I have not moved. My car had a few scratches and dents on my rear right bumper while the other driver had a few slight scratches. We then took photos and exchanged particulars. Thereafter we left and no Ambulance nor TP arrived at scene.

Later in the day I started having pain at my back, neck area and my knee areas. Thus I went to see my family doctor who gave me 3 days of MC. I do have a car camera in my car however it was not recording.





Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999 3 of 3 Report No. T/20190509/2068

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to pro	vide sketch	plan
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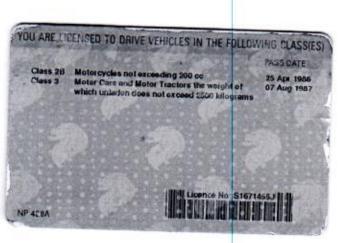
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Staff Sgt IMTIAZ AHAMED BIN HAMID HAJA	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/05/2019 12:35
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	









eBaoTech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601			The state of the s	The second second		• Chang	e Languag	e → Ch	ange Password	• Log Out
My Desktop Notice of Loss	Poli	cy Query									136
	Policy N	No.				Date	of Accident		08/05/201	9 23:00	
	Vehicle	No.(For Motor)	SJM27	91A		Certi	ficate Numbe	r 💮			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured		Expiry Date
	0	5069307432- 04		SHAHROM BIN MOHD MOKHTER	S1671455)	GPC	drivo PREMIUM	SJM2791A	SJM2791	IA 24/01/2019	23/01/2020
				Misgraph Miles		Continue]				

Claim Handling Accident MT/1044331

Policy No.	5069307432-04	Vehicle No.	5)M2791A			GST Regis	stration N
Certificate No.							
Policyholder Name	SHAHROM BIN MOHD MOKHTER					Policyhold	er NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM			Loading	
Contact No.(Mobile)	91690012	Contact No.(Office)	0			Contact N	lo.(Home
Email Address		Special Remark				eCode	C. C. C. C.
KFK	No Yes	TCA	No Yes			eCode Re	acon
NCD Protection	No	NCD Entitlement(%)	40			Private Hi	
Accident Details		11 Constant				18330-1000	0.024
Report Date	13/05/2019 18:24	Accident Report Within 24 hrs	Yes			Accident 1	Tyne
Date of Accident	08/05/2019	Time of Accident hh:mm	23:00			Country o	
Reporting Centre		Orange Force	103,1929			ICM No.	NUMBER OF
Accident Location	PUNGGOL EAST SLIP RD TWDS PUNGGOL CENTRAL					00000000	
♥ Excess							
Own damage Excess	600.00	Additional Excess	0			Windscree	en Evener
Unnamed Driver Excess	0.00	Outside Singapore OD Excess		600.0	n	THICACI CE	OT LACES
Third Party Excess	0.00	Outside Singapore TP Excess		0.0			
▼ Benefits				0.0			
	ition						
GST Registered	No		GST Regi	stration Date			
GST Registration No.			11/7/	us Verified			Yes
Modification History							
Policyholder Mailing Add	W2010W0						
Address 1	BLK 191A #02-922	Address 2	RIVERVALE DRIVE			Address 3	
Address 4		Address Type	Singapore address		1	Post Code	
Unit No.		Related Policy Number	5069307432-04				
♥ OI Driver Info							
Driver Name	SHAHROM BIN MOHD MOKHTER	Driver Type	Main Driver		0		
Unnamed driver Name	700 S2472 S1477	Driver NRIC	\$16714553			Driver DO	В
Register Date of Driver License	14/04/2003	Driver Age	55		20	Driving Ex	perience
Contact No.(Mobile) Address 1	91690012	Contact No.(Office)	0		8	Contact No	o.(Home)
Address 4	BLK 191A	Address 2	RIVERVALE DRIVE		100	Address 3	
	2222	Address Type	Singapore address		8	Post Code	
Unit No. Does he own a Singapore	#02-922						
Registered car?	Yes • No	Driver Vehicle No.				Driver Inst	urer Com
Declaration							
Breathalyser or Blood Test	-						
Reading?	0 mg	Any injury?	Yes No				
Modification History							
Claim 001 OD-MX New	n .				-		
HER.							
Claim Type *				OD-MX	*	Insured Name	SHAHR
Contact No.(Mobile)						Contact	
and the state of t				90217713		No. (Home)	NIL
Email Address						OI	E
22.574.010557						Vehicle Number	SJM279
Claim Description				SJM2791A	/ SLG679M ON 8 May	2019	
Preferred	20 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Manager and a second	1.107		
Workshop	Preferered Not at Fault	T GIA					
Finalisation Lies	Repair Option Preferred Workshop, Name u	nknown GIA Received	•			Claim	46
Date Registered				13/05/2019	9 18:28	Close	
Report Taken By						Workshop	
The second of				ROSLINDA		Repairer	
Print AK letter							

		Display in New Window Scan and uploading				
	Uploaded By/Date Folder Date File Name		ile Name		9	
	13 May 2019 18:27	riiotos		Normal		Photo
1	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on	Photos		Mormal		2000
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 May 2019 18:28	Photos		Normal		Photo
9	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 May 2019 18:28	Photos		Normal		Photo
9	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 May 2019 18:28	Photos		Normal		Phot
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 May 2019 18:28	Photos		Normal		Phot
9	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 May 2019 18:28	Photos		Normal		Phot
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